



2013 Certified Lactation Counselor Training Scholarship Application

Date: _____

Name: _____

Title & Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Briefly explain in 400 words or less why you are interested in becoming a Certified Lactation Counselor (CLC) below.

ONCE THIS APPLICATION IS COMPLETELY FILLED OUT, PLEASE E-MAIL TO:

Lynn Hellenga MSRD, IBCLC
Senior Breastfeeding Consultant
Montana Nutrition and Physical Activity Program
Helena, MT 59620-2951
lhellenga@montana.edu

***PLEASE NOTE THAT FUNDING IS CONTINGENT UPON AVAILABLE FUNDS
FROM CDC FOR THE NAPA PROGRAM.**